

JAN 12 2006

PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                  |
|------------------------|------------------|
| Application Number     | 09232258         |
| Filing Date            | JANUARY 19, 1999 |
| First Named Inventor   | ROBERT           |
| Art Unit               |                  |
| Examiner Name          |                  |
| Attorney Docket Number | 1002             |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☒ Firm or  
Individual Name

Leslie A. Thompson

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Robert L. Jones

Name

ROBERT L. JONES

Date

Telephone

504-237-8158

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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PTO/SB/81 (04-05)

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                        |                           |
|------------------------|---------------------------|
| Application Number     | 09 232 258                |
| Filing Date            | JANUARY 19, 1999          |
| First Named Inventor   | ROBERT JONES              |
| Title                  | ROACHE DELIBERATELY TAKEN |
| Art Unit               |                           |
| Examiner Name          | JAN 12 2006               |
| Attorney Docket Number | 1008                      |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name               | Registration Number |
|--------------------|---------------------|
| Leslie A. Thompson | 54584               |
|                    |                     |
|                    |                     |
|                    |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

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OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

|                   |                 |           |              |
|-------------------|-----------------|-----------|--------------|
| Signature         | Robert L. Jones | Date      | 1/12/06      |
| Name              | ROBERT L. JONES | Telephone | 504 237 8158 |
| Title and Company |                 |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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